



Provider E-Newsletter



Volume XI

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Discontinuation of Legacy Automated Response System (ARS) Access



DMAS has implemented a new ARS web portal called the User Administrative Console (UAC). The UAC is an application that allows the provider to assign a Delegated Administrator for its office or facility. The UAC can then enable access to anyone in the provider's office or facility with a business need to access ARS information on the provider's behalf.

As of December 3, 2007, access to the ARS is only available through the new web-based UAC. Current ARS users that have not transitioned to the new web-based UAC will no longer be able to access the ARS once the old system is turned off.

If you have not already registered for the UAC, please do so immediately to ensure continued utilization of the ARS functionality for real-time inquiry options such as recipient eligibility verification; two years of claim status, check status, and prior authorization status. The link to register is <https://virginia.fhsc.com>. Select the “ARS” tab and then choose “Secure Login” from the menu and follow the instructions to register with the UAC. You may also contact the First Health Services Web Support Call Center at 1-800-241-8726 if you have any questions or problems regarding the new UAC registration process.

An on-line recorded training presentation is available for your viewing regarding the ARS/UAC presented by First Health Services. This session discusses how to register and use the new ARS/UAC. To view this presentation please go to: <https://dmas.webex.com/> On the left menu bar select, Attend a session, then select Recorded Session, the last selection is the topic: Automated Response System/UAC.

NPI Updates



NPI MANDATE JUST ANNOUNCED

Using your NPI for Business Transactions

DMAS has mandated the NPI as the standard for identifying all participating providers on all transactions (Automated Response System (ARS), Claims, Prior Authorizations), including paper claims, for all DMAS Programs (Medicaid, FAMIS, SLH, and TDO) effective May 23, 2008.

Please visit the DMAS website frequently for updates and questions concerning NPI at http://www.dmas.virginia.gov/npi-home_page.htm. As we approach the final compliance date of May 23, 2008 it is critical that you remain vigilantly connected to our latest information to ensure that there is no disruption in your cash flow. If you have NPI/API questions that are not otherwise answered on our site, please feel free to e-mail us at NPI@dmas.virginia.gov.

SCHIP Reauthorization: What this Means for Virginia



As you may be aware, the authorization for the State Child Health Insurance Program (SCHIP), which in Virginia is called the Family Access to Medical Insurance Security (FAMIS) program, expired on September 30, 2007. Although a bill was passed by Congress to reauthorize and fund the program, the legislation was vetoed by President Bush.

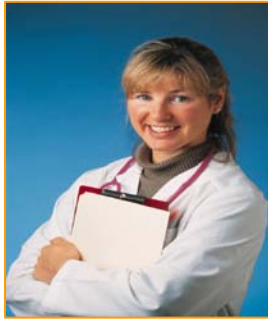
Since then, Virginia has been operating our program under a continuing resolution passed by Congress. The continuing resolution allows states to use carryover funds and allocates additional funds to states facing a shortfall during the continuing resolution period. Because of very slow growth in enrollment in the early years, Virginia accumulated carryover funds and retained the unspent federal fiscal year (FFY) 2007 federal SCHIP allocation grant as carryover in FFY 2008. Current estimates indicate that this remaining FFY 2007 allocation to Virginia will continue to sustain Virginia's SCHIP programs through the March 2008.

Negotiations to find a compromise are not likely in the short term, so a long term funding extension is being discussed. If new SCHIP reauthorization legislation is not passed and signed by the President, Virginia would need to have additional funds allocated. If the Centers for Medicare and Medicaid Services (CMS) provide FFY 2008 allotments under the current funding formula, Virginia would have sufficient funds to carry through FFY 2008.

Through SCHIP, Virginia's FAMIS programs cover children who live in families with incomes at or below 200% of the Federal Poverty Level (FPL) which equals \$41,300 a year for a family of four. However, over 40% of the children covered by SCHIP in Virginia live in families with income between 100% and 133% FPL. That equates to between \$20,650 and \$27,465 for a family of four. As of December 1, 2007, Virginia's SCHIP programs were providing health care coverage to more than 85,000 children and 900 pregnant women. However, over the last year, Virginia's SCHIP programs provided health care for over 135,000 Virginia children.

For now, the FAMIS program continues to operate as is. DMAS fully supports the reauthorization of SCHIP and we look forward to Congress and the President coming to an agreement so that we can reach the remaining uninsured eligible children in Virginia as well as continue to provide vital health care services to our current FAMIS enrollees. We intend to inform all providers of any future modifications to the FAMIS and Medicaid programs as a result of the debate in Congress.

Expanded Family Planning Waiver



Plan First

Beginning January 1, 2008: Men and women who have income less than or equal to 133% of the federal poverty level may be eligible for the Medicaid family planning waiver program, Plan First. Applications will be available at the local Department of Social Services, local Health Departments or online at www.dmas.virginia.gov. Applications must be submitted to the local Department of Social Services.

Services covered through Plan First are routine and periodic family planning office visits including:

- **Annual physical exams for men/annual gynecological exams for women;**
- **Cervical cancer screening for women;**
- **Sexually transmitted infection (STI) testing;**
- **Laboratory services for family planning and STI testing;**
- **Family planning education and counseling;**
- **Sterilization procedures;**
- **Food and Drug Administration (FDA) approved prescription contraceptives;**
- **FDA approved over-the-counter contraceptives; and**
- **Referrals to a primary care provider, local health department, community or rural health clinic that provides care for free or on a sliding fee scale for services not covered through Plan First.**

DMAS will be conducting training January 14th, 22nd, and 31st for Plan First, Medicaid's family planning program. This on-line training is focused on an overview of the Plan First program and will cover the following topics: Eligible Population, Enrollment, Covered Services and Billing Requirements. You will find information about this training, including registration dates and times at the DMAS WebEx training site at:

<https://dmas.webex.com/mw03021/mywebex/default.do?siteurl=dmas> once on the site click the, "Upcoming" tab.

Program contact: PlanFirst@dmas.virginia.gov or 804-786-6134.

**The Program of All-Inclusive Care for the Elderly (PACE) in
Virginia Update**



The Commonwealth of Virginia celebrated the opening of its first Program of All-Inclusive Care for the Elderly (PACE) site on November 1, 2007. Sentara Senior Community Care (SSCC), in Virginia Beach, Virginia, received approval from the Centers for Medicare and Medicaid Services (CMS) that their PACE provider application had met all of the requirements for PACE operations.

SSCC had previously operated Virginia's first and only pre-PACE program for 11 years, serving more than 475 elderly citizens in the Hampton Roads areas. On November 28, 2007, Secretary Marilyn Tavenner, Secretary of Health and Human Services, joined other dignitaries in formally congratulating SSCC for their development of PACE and their commitment to providing quality care for Virginia's seniors.

PACE development is also making progress in the Hampton, Virginia areas. Riverside Health Systems (RHS) has worked tirelessly to bring PACE to elderly seniors living in Hampton, Newport News, Poquoson and the southeastern portion of York County.

RHS is one step closer to making the PACE program a reality. On December 4, 2007, Riverside Health Systems held a Ribbon Cutting Celebration to highlight the completion of their newly renovated PACE center which will provide services to individuals enrolled in PACE. Patrick Finnerty, Director, Department of Medical Assistance Services, The Honorable Phil Hamilton, Member of the Virginia House of Delegates, as well as representatives from RHS and local government agencies, were present to witness the opening the PACE Riverside Hampton center. DMAS anticipates that this PACE center will be open to services in January 2008.

The Department of Medical Assistance Services (DMAS) is proud to be a part of such exceptional accomplishments for the State of Virginia, but most of all, for Virginia's older citizens. PACE will insure that the health, safety and welfare of seniors will be in professional, caring and capable hands.

For more information, contact Deborah Pegram at Deborah.peggram@dmass.virginia.gov or visit DMAS website at: <http://www.dmass.virginia.gov/ltc-PACE.htm>.

Omnibus Waiver Regulation Project



The Division of Long-Term Care is proposing regulatory action to strengthen the seven home- and community-based (HCBS) long-term care Medicaid waivers into one regulation that will eliminate repetitive language across waivers, make terms and requirements more easily located, and eliminate inconsistencies that currently exist. Differences among the waivers that are necessary to assure continued program integrity of each waiver will be maintained.

The seven separate waiver regulations currently have inconsistencies across definitions and program requirements and are repetitive in describing issues that relate to all waivers, including, and not limited to:

- Medicaid eligibility criteria
- Provider requirements that are applicable to all providers
- Documentation requirements
- Covered services descriptions
- Quality management reviews

The agency is committed to involving recipients, providers, and stakeholders in the regulatory process to ensure that individual program integrity is maintained. The Department wishes to express its assurance that all concerns will be addressed thoughtfully and carefully, and that areas in the regulations that are specific to one service group will continue to be treated as a separate section. The intention is to combine areas that can be easily combined and maintain separate sections where they are necessary. This process will be considerate of individual services and maintain their integrity.

This action will facilitate future administration of the waivers and simplify future regulatory actions. In addition, DMAS plans to streamline the waiver policy manuals for ease of reference by recipients, providers, and stakeholders. Throughout this process, interested persons and organizations will be involved.

For additional information, please contact Helen Leonard, Program Manager, Division of Long-Term Care or Terry A. Smith, Director, Division of Long-Term Care, at 804-225-4222, press 0.

Disclaimer: All information included herein is of an informative nature only. This newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from the Department of Medical Assistance Services (DMAS).